

Helping Teens Cope with Grief and Loss: Responding to Suicide

How Teens Cope with Loss and Grieve

1. Grief is personal.
 - There is no right or wrong way to grieve.
 - Influenced by developmental level, cultural traditions, religious beliefs, mental health, disabilities, family, personal characteristics, and previous experiences
2. Grief is influenced by the nature of the loss.
 - Was the death
 1. Anticipated = Grief
 2. Sudden and unexpected = Trauma + Grief
3. Grief is influenced by the nature of the loss.
 - Was the death a suicide?
 1. Unique reactions
 1. Guilt and shame
 2. More depression and complicated grief
 3. Less vitality and more pain
 4. Social stigma, isolation, and loneliness
 5. Poorer social functioning, and physical/mental health
 6. Searching for the meaning of the death
 7. Being concerned about their own increase suicide risk
4. Grief is influenced by the nature of the loss.
 - Was the death a suicide?
 1. Multiple levels of grief reactions
 1. Common grief reactions (e.g., sorrow, yearning to be reunited)
 2. Unexpected death reactions (e.g., shock, sense of unreality)
 3. Violent death reactions (e.g., traumatic stress)
 4. Unique suicide reactions (e.g., anger at deceased, feelings of abandonment)
5. Grief is influenced by the nature of the loss.
 - Was the death a suicide?
 1. Social Stigma
 1. Both youth and caregivers may be uncomfortable talking about the death.
 2. Youth may receive much less social support for the suicide death. Viewed more negatively by others as well as themselves.
 3. There may exist a reluctance to provide postvention services.

Child and Adolescent Responses to Death

1. Grief is often characterized by sadness, emotional pain, and introspection in adults. However, children's grief reactions differ according to age and developmental level:
 - **Preschool** - Regressive behaviors, decreased verbalization, increased anxiety
 - **Elementary** - Decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; repeated re-telling of the event
 - **Middle and High School** - Decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, emotional numbing or depression
2. Grieving does not have a timeline. Schools should be aware of anniversaries, birthdays, developmental milestones, and other factors that could affect students months or years after the loss.
3. Grieving involves meeting specific milestones. Individuals are likely to experience (and often re-experience) some or all of the following adjustments/responses:
 - Accepting the death
 - Experiencing the feelings and emotional pain associated with death and separation from the deceased
 - Adjusting to changes and an altered environment that no longer includes the deceased
 - Finding ways to remember and memorialize the deceased

Teenagers' Responses to a Suicide

1. Traumatic Stress and Grief
2. In some cases, suicidal thinking

Suicide Risk Factors

- Hopelessness, mental illness (e.g. depression, PTSD); dissatisfaction with weight
- Poor parental relationship(s)
- Interpersonal conflict, bullying victim, bully perpetrator, or bully/victim, loss of relationship
- Prior suicide attempts, prior attempts by family members or friends; substance abuse; having run away, sexual abuse, non-suicidal self-injury

Suicide Warning Signs

- Direct verbal threats ("I am going to kill myself")
- Indirect verbal threats ("I wish I could fall asleep and never wake up," or "You won't have me to worry about any more")
- Sudden/dramatic change in mood

- Anxiety and agitation; reckless behavior; rage and uncontrolled anger; wanting revenge
- Increased alcohol/drug use
- Giving away prized possessions
- Withdrawing from friends, family, and activities
- Refusing help, and/or believing that there is no help for them
- Expressing death/suicide themes in writings, art, or via social media
- Disturbed sleep; decline in appearance and hygiene

The Role of Parents in Providing Support

1. Grieving is a normal response to loss, but may require some support. Additional assistance should be provided when the following are noted:
 - Marked loss of interest in daily activities
 - Changes in eating and sleeping habits
 - Wishing to be with the deceased loved one
 - Fear of being alone
 - Significant decreases in academic performance and achievement
 - Increased somatic complaint
 - Changes in attendance patterns (e.g., chronic absenteeism)
2. Things to avoid
 - Euphemisms when referring to the deceased such as “they are sleeping,” or “they went away”
 - Minimizing statements such as “it was only your great-grandmother, (or dog, neighbor, etc.)”
 - Predicting a timeframe to complete the grieving process such as, “it has been a month, you should be getting over this,” or “the pain will fade soon”
 - Over-identifying, (e.g., “I know how you feel”)
 - Too much self-disclosure (e.g., I lost my mom to cancer) as not everyone handles self-disclosure the same way and the focus should remain on the student’s grief
3. Things to do
 - Maintain routines as normally as possible
 - Ask questions to ascertain the youth’s understanding of the event and emotional state
 - Give the youth permission to grieve
 - Provide age and developmentally-appropriate answers
 - Connect the bereaved with helping professionals and other trusted mentors and adults
 - Encourage students to adopt adaptive coping strategies, particularly ones that will involve interaction with other students (e.g., sports, clubs)
 - Educate teachers and families about what is healthy grief and how to support the student

Addressing Mental Health Concerns

I **am** flu vs I **have** the flu

I **am** depressed vs I **have** depression

1. Begin with clear and nonjudgmental questioning about whether the student has suicidal thoughts (American Psychiatric Association, 2010). Use language that is understandable to the student; with younger children you may say “hurting/killing” yourself, while with older children and teens you might use the word “suicide.” Include the following:
 - Have you ever wished you could go to sleep and not wake up again?
 - Is dying something you’ve thought a lot about recently?
 - Have things reached the point that you’ve thought of hurting yourself?
 - Sometimes when kids have had your experiences, and are feeling as you do now, they have thoughts of killing themselves. Is this something you are thinking about?
2. Avoid statements such as: “You are not thinking of killing yourself, are you?” Such questions could be viewed as judgmental and may discourage the child or adolescent from being honest.
3. If the child or adolescent acknowledges having suicidal thoughts, you need to get a sense for the seriousness of the situation by asking about a suicide plan. You should ask questions about *how*, *how prepared*, and *how soon* they plan to commit suicide. More specifically, it is important to ask:
 - “Have you thought about how you would kill yourself/make yourself die/commit suicide?”
 - “Do you have, or can you get, (whatever is needed to execute the suicide plan)?”
 - “When are you planning to (execute the stated suicide plan)?”
4. If the student’s answers suggest that the risk of a suicidal behavior is immediate (e.g., the student has the means of the threatened suicide in their possession and refuses to give it up), *then call 911 right away*.
5. If there does not appear to be risk of a suicidal behavior occurring in the present moment, then *do NOT leave the student alone*. Stay with the student constantly, and without exception, until a mental health professional is able to conduct a more detailed risk assessment. A hospital emergency room and/or a community mental health center will likely have the crisis intervention counselors capable of completing the suicide risk assessment.
6. Remove from the home any firearms or other weapons, as well as any drugs or other substances that could be used to die by suicide. Firearms are an especially deadly suicide method. When a person uses a firearm in an attempt to die by suicide, death is the result 85% of the time (compared to 3% of fatalities that follow a drug overdose; Drexler, 2017). Thus, removing firearms from the home is an especially effective suicide prevention measure. Doing so is especially important when there is a mentally ill child or adolescent in the home and/or there are persons in the home who are experiencing a psychological crisis.
7. Consider contacting other resources that can help with the suicidal crisis, including the National Suicide Prevention Lifeline at 1-800-273-TALK, the Crisis Text Line, which can be accessed by texting “HOME” to 741741, and in Napa County the Mobile Crisis Response Team at 415-473-6392 (after hours call 415-473-6666).

